



TENNCARE MEDICATION ASSISTED TREATMENT
(MAT) NETWORK: PROGRAM UPDATES

TennCare & MCO Joint Webinar

December 5, 2018

Agenda

1. Introduction & Overview

2. Formulary Changes for Contracted MAT Providers

3. Updated Buprenorphine Prior Authorization (PA) Process for Contracted MAT Providers

4. MCO supports in the provider contracting process, MAT Billing codes & Tips

5. Programmatic Updates

Combating the Opioid Epidemic in Tennessee

Primary Prevention

limit opioid exposure to prevent progression to chronic opioid use

Non-Chronic and First Time Users of Opioids

- Improve access to non-opioid pain medication therapies
- Establish strict opioid day limits and dosage limits for non-chronic users
- Increased prior authorization requirements for all opioid refills

Secondary Prevention

early detection and intervention to reduce impact of opioid misuse

Women of Child Bearing Age & Provider Education

- Increase outreach to women of child bearing age chronically using opioids to provide education and treatment options
- Further remove barriers to access for VRLAC (IUD's and implants) for women
- Focused provider education on appropriate prescribing habits and tapering of chronic opioid use

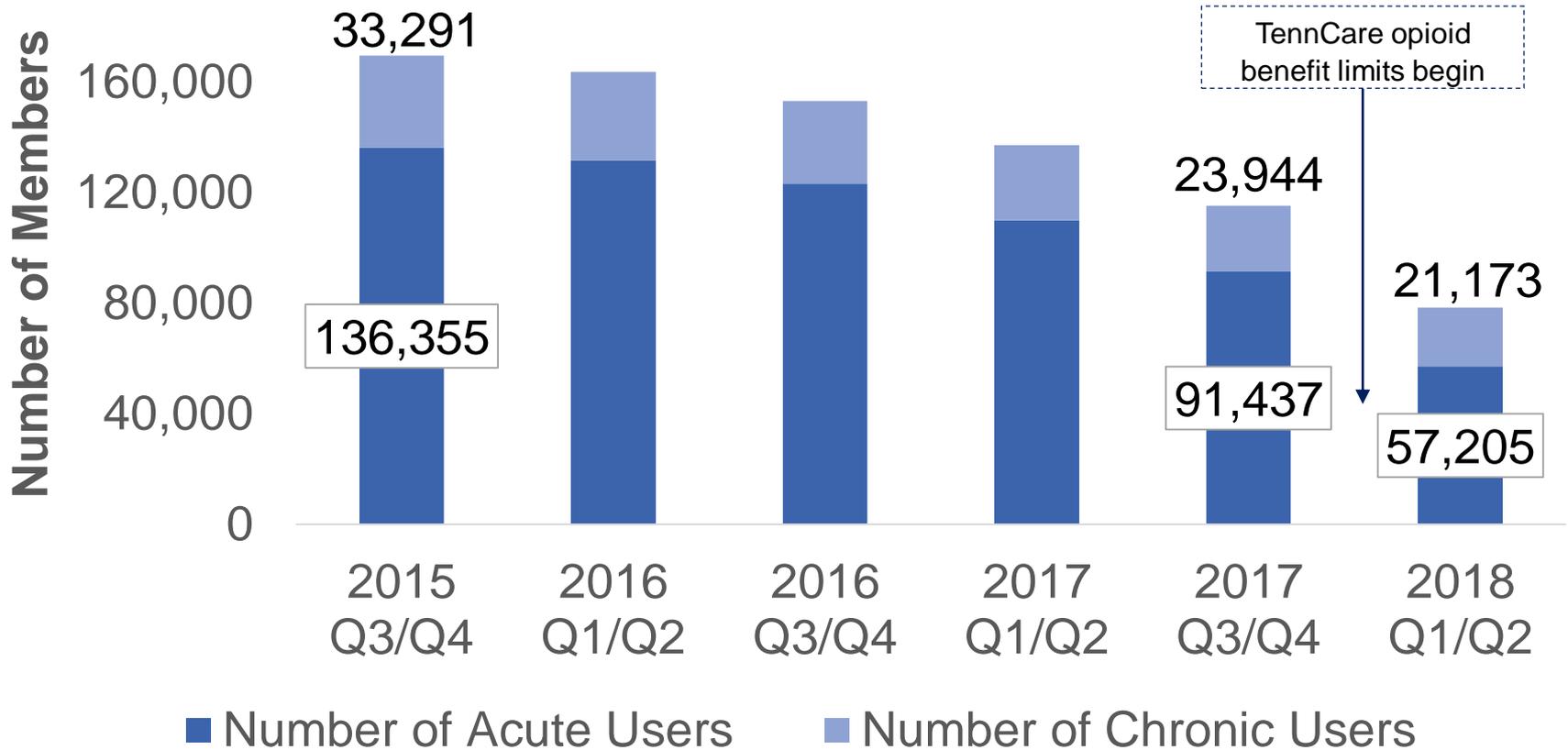
Tertiary Prevention

support active recovery for severe opioid dependence and addiction

Chronic Dependent and Addicted Users

- Define program standards to establish high-quality opioid use disorder treatment programs that includes both medication and behavioral health treatment
- Develop opioid use disorder treatment networks to ensure access for all members
- Lower TennCare-allowed maximum MED dosage for chronic opioid use
- Increase outreach to highest risk members to refer for treatment

Total Acute and Chronic TennCare Opioid Users

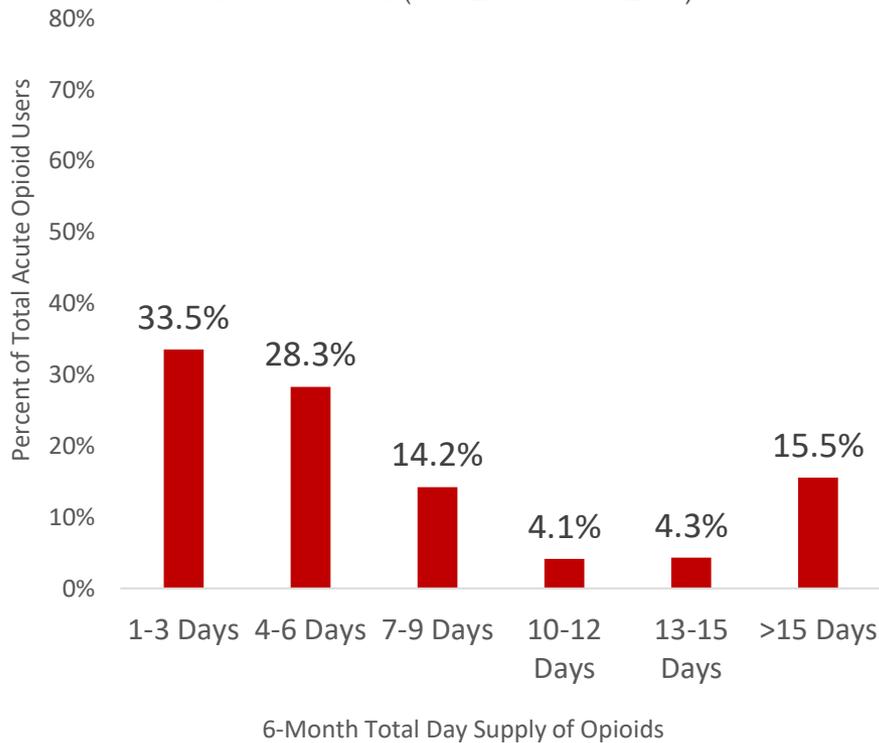


Overall, the number of TennCare **new, acute opioid users has declined by 58% since 2015**. The largest decrease occurred following the implementation of new TennCare opioid benefit limits.

Change in Prescription Patterns after TennCare Opioid Limits

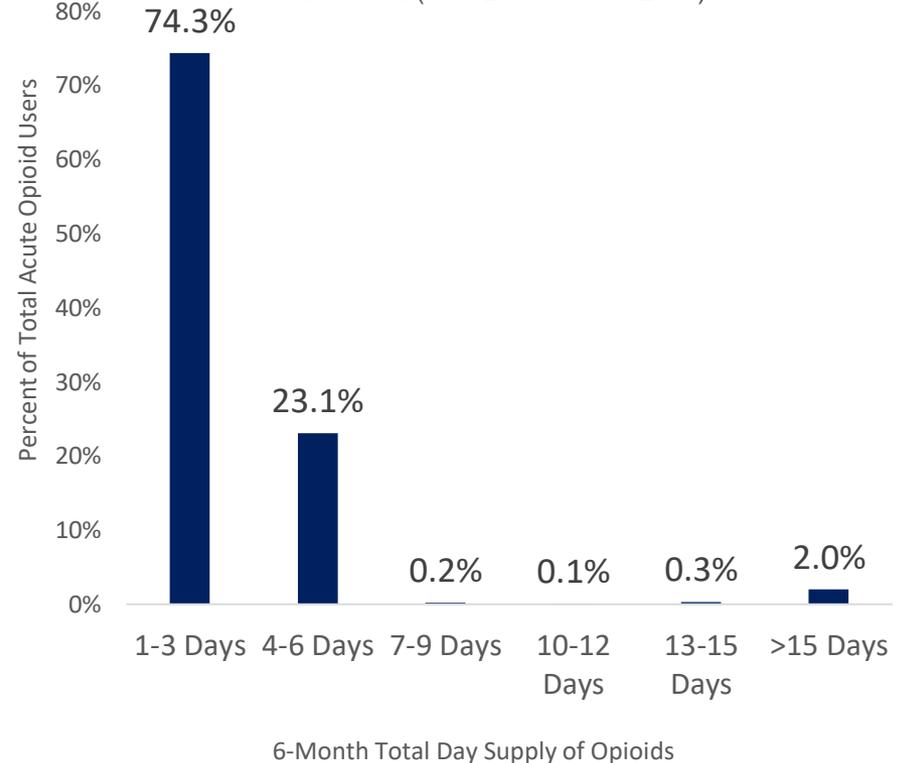
Pre-Opioid Prescription Limit

6-Month Period (7/16/2017 to 1/16/2018)



Post-Opioid Prescription Limit

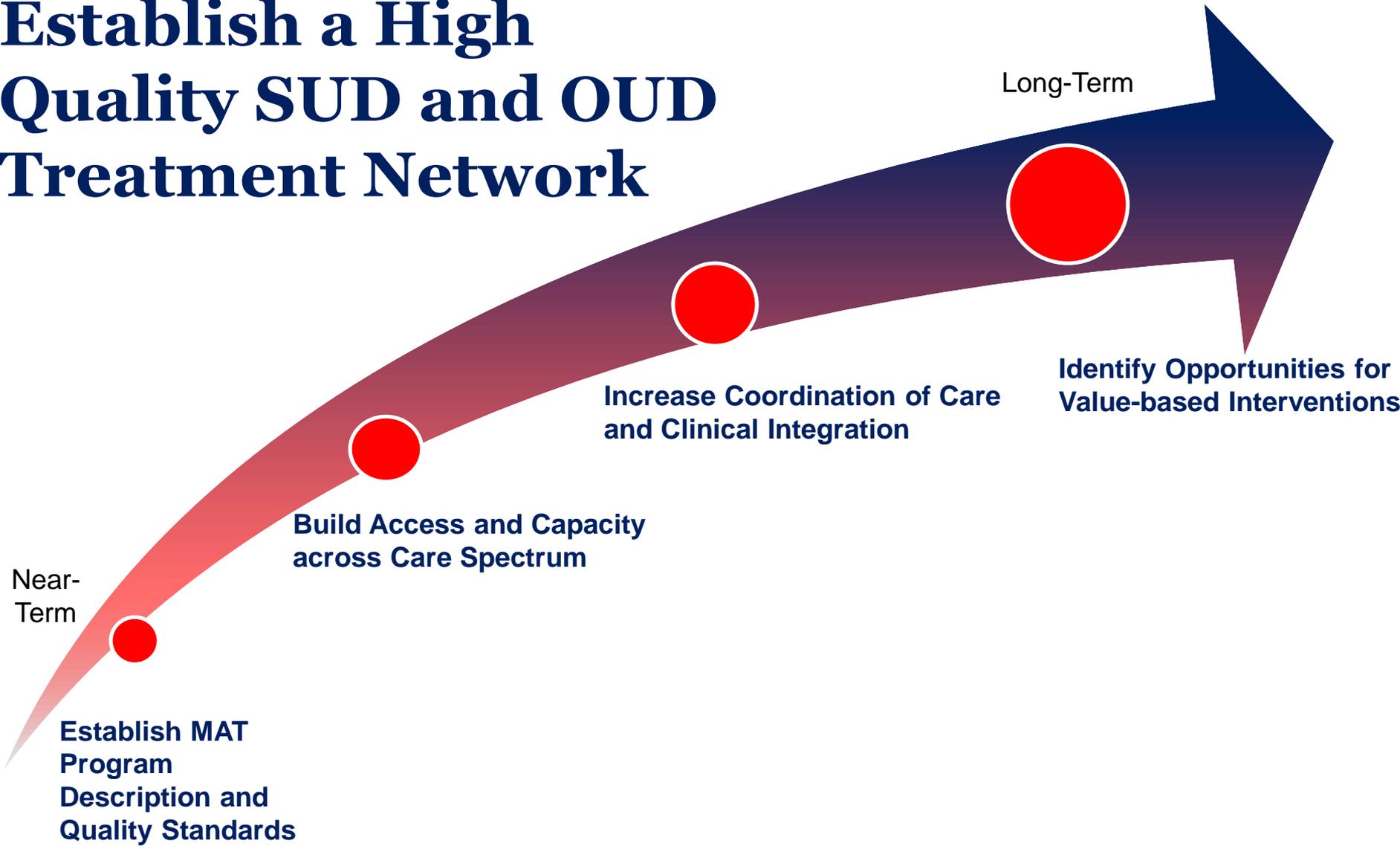
6-Month Period (1/17/2018 to 7/16/2018)



97% of all first time and acute opioid users are **now receiving 6 days or less of opioids** after new limits implemented.

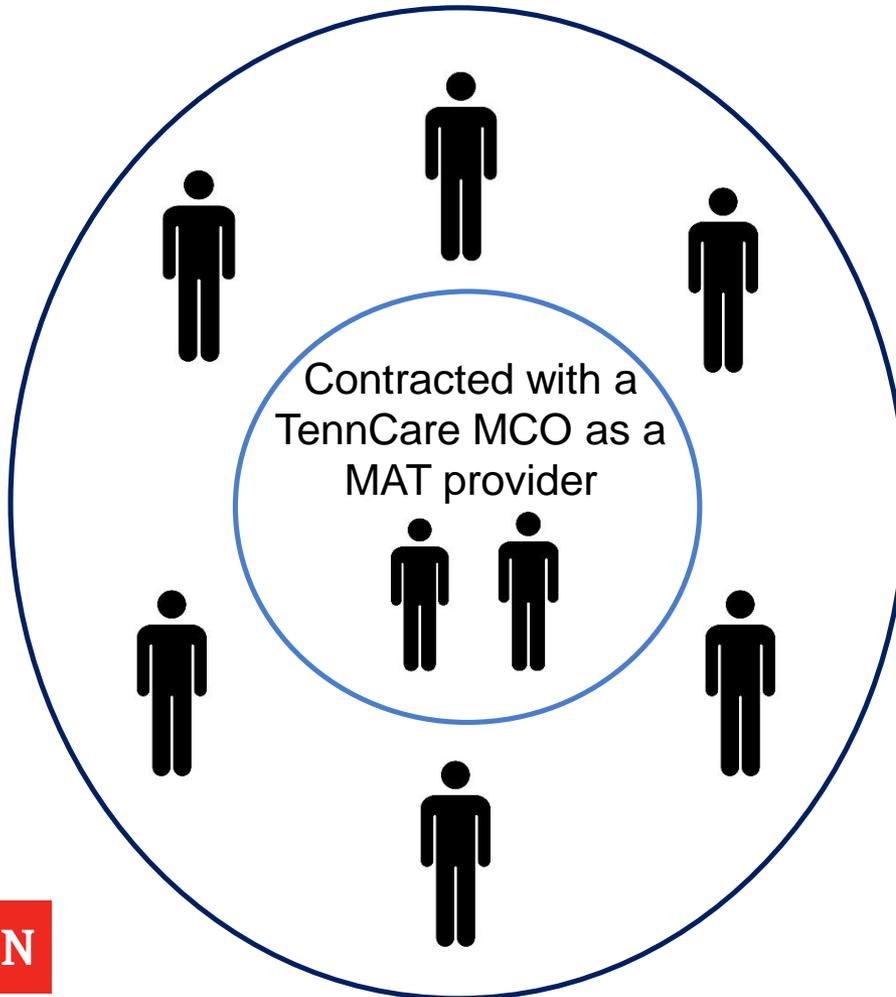


Establish a High Quality SUD and OUD Treatment Network



What does a “Contracted MAT Provider” mean?

Contracted with TennCare MCO



To be a contracted buprenorphine MAT provider, a provider **must**:

- Have a Medicaid ID
- **Review and provide all services** outlined in the program description requirements
- **Attest** to the MAT program description for *each MCO they contract with*
- **Contract** with each individual MCO they choose
- **Note:** Each MCO may refer to their contracted MAT Provider Network by a different name. ⁷

MAT Program Description: Overview

- ❖ The Buprenorphine MAT Program Description is the **same for all three MCOs** (BlueCare, Amerigroup and United Healthcare)
- ❖ The Program Description was developed **based on national guidelines** (i.e. ASAM, SAMHSA) and is in line with State of Tennessee OBOT guidelines
- ❖ This webinar will focus on **buprenorphine**
 - ❖ A separate program description exists for naltrexone

Buprenorphine Medication Assisted Treatment (MAT) Program Description Division of TennCare

Overview of the Opioid Use Disorder Medication Assisted Treatment Program

The Division of TennCare along with the contracted Managed Care Organizations (Amerigroup, BlueCare and United Healthcare) has determined the need for a comprehensive network of providers who offer specific treatment for members with opioid use disorder. These providers may be agencies or licensed independent practitioners, but all must attest to provide treatment as outlined in this program description to be included in this network.

Medication Assisted Treatment (MAT) for persons diagnosed with opioid-use disorder is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. Research shows that when treating substance-use disorders, a combination of medication and behavioral therapies is most successful. The duration of treatment should be based on the needs of the persons served. The Food and Drug Administration (FDA) has approved several medications for the use in treatment of opioid-use disorder which include buprenorphine containing products and naltrexone products

Treatment with buprenorphine for opioid use disorders is considered an evidence-based best practice by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center and the American Society of Addiction Medicine (ASAM) for substance abuse treatment. This Buprenorphine MAT Program Description outlines treatment and clinical care activities expected of providers who prescribe buprenorphine products and professionals who provide therapy, care coordination or other ancillary services for those members who are being treated with buprenorphine products. For providers who prescribe naltrexone based products, refer to Naltrexone MAT Program Description

Treatment Elements

The required treatment elements for providers rendering Medication Assisted Treatment using buprenorphine are as follows:

- The preferred medication would be the buprenorphine/naloxone combination (as covered by the TennCare formulary) for induction as well as stabilization unless contraindicated (e.g. pregnancy) and then the buprenorphine monotherapy is recommended. The buprenorphine/naloxone combination serves to minimize diversion and intravenous abuse.

UHCCP MAT Program Description V1 4.17.18

MAT Provider Benefits

Benefits of Contracting as MAT Provider

Clinical and care coordination support from MCOs

Broadened TennCare MAT Pharmacy benefits

Increased data on quality and health outcomes

Reimbursement from the MCOs for defined MAT services

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Formulary Changes for Contracted MAT Providers

The Preferred Drug List (PDL) & Clinical Criteria have been updated with separate subsections labeled for “TennCare MAT Providers Network only” which is for Contracted MAT Providers and “All other TennCare providers” for preferred and non-preferred drugs.

TennCare Preferred Drug List (PDL)	
Effective December 1, 2018	
PA – Prior Authorization required, subject to specific PA criteria; QL – Quantity Limit (PA & NP agents require a PA before dispensing); B – Budgetary Reduction edit for utilization control (Standard NP PA criteria does not apply); ID – Class PA for patients with Intellectual or Developmental Disability Please note the following:	
<ul style="list-style-type: none"> All agents must be prescribed by a provider with a Tennessee Medicaid Provider ID Approval of NP agents requires trial and failure, contraindication, or intolerance of 2 preferred agents, unless otherwise indicated With the exception of the “Branded Drugs Classified as Generics” list, TennCare is a mandatory generic program in accordance with state law (TCA 53-10-205). Approval of a branded product when a generic is available requires documentation of a serious adverse reaction from the generic via a FDA MedWatch form OR contraindication to an inactive ingredient in the AB-rated generic equivalent. Therapeutic Failure of an AB-rated generic equivalent may be considered for approval of branded products in the following high-risk medication classes: Anticonvulsants, Atypical Antipsychotics, HIV antivirals, Immunosuppressants, and Oncology Agents. Unless otherwise noted, all agents listed on the PDL are referencing legend drugs which are prescription-required agents. Coverage of Over-the Counter (OTC) Products is listed at: https://tenncare.magnellanhealth.com/static/docs/Program_Information/TennCare_Covered_OTC_Products.pdf 	
Preferred Drugs	Non-Preferred Drugs
I. Analgesics	
<u>Agents for Opiate Detoxification</u>	
naltrexone ^{PA}	ReVia ^{PA}
<u>Buprenorphine and Buprenorphine/Naloxone</u>	
<u>TennCare Medication Assisted Therapy (MAT) Providers Network only:</u>	
Bunavail ^{PA, QL}	
Bunavail ^{PA, QL}	

Clinical Criteria, Step Therapy, and Quantity Limits for TennCare Preferred Drug List (PDL)				
December 1, 2018				
ANALGESICS				
<i>Approval of NP agents requires trial and failure, contraindication or intolerance of 2 preferred agents, unless otherwise indicated.</i>				
Medication	PDL	Prior Authorization Criteria	Qty. Limits	PA Form
<u>Agents for Opiate Detoxification</u>				
naltrexone	P	Will be approved for recipients who meet the following criteria: <ul style="list-style-type: none"> Physician must have reviewed the Controlled Substance Database for this patient within the past 30 days to ensure that concomitant narcotic use is not occurring. Diagnosed with opioid dependency; AND Documentation that patient is opioid free (negative urine drug screen or naltrexone challenge test within the last 10 days) 		General PA Form
ReVia ^{PA}	NP	See naltrexone prior authorization criteria		
<u>Buprenorphine and Buprenorphine/Naloxone</u>				
<u>TennCare Medication Assisted Therapy (MAT) Providers Network only:</u>				
Bunavail ^{PA}	P	Preferred buprenorphine/naloxone products will be approved for recipients who meet ALL of the following criteria: <ul style="list-style-type: none"> Diagnosis of opiate addiction Buprenorphine will not be approved for treatment of depression or pain. Buprenorphine will not be approved for recipients whose medication history indicates use of concomitant narcotics or benzodiazepines Quantity limit is as a single daily dose. Twice daily dosing may be approved as clinically necessary. Prior Authorizations will be assigned to the prescribing physician. Requests for buprenorphine from a different physician will require a new prior authorization request and documentation that the previous prescribing physician has communicated transfer of care. 	6.3/1mg: 1/day x 6 months* 4.2/0.7mg: 2/day x 6 months, then 1/day* 2.1/0.3mg: 2/day	Buprenorphine Products PA Form
buprenorphine/naloxone tablets	P	See Bunavail ^{PA} prior authorization criteria	8/2mg: 2/day x 6 months then 1/day* 2/0.5mg: 3/day*	
buprenorphine	NP	See Bunavail ^{PA} prior authorization criteria <ul style="list-style-type: none"> Additionally, must be unable to take buprenorphine/naloxone as indicated by ONE of the following: <ul style="list-style-type: none"> Patients who are actively pregnant (Note: Buprenorphine without naloxone will not be approved for patients who are breastfeeding) Patient is unable to take naloxone containing products due to a contraindication, drug to drug interaction, or history of toxic side effects that caused immediate or long-term damage (Note: Does not include GI intolerance) 	8mg: 2/day x 6 months then 1/day* 2mg: 3/day*	

Key Links

- **Main TennCare Outpatient Formulary page:**

https://tenncare.magellanhealth.com/tenncare_portal/spring/main?execution=e1s1

- **TennCare Preferred Drug List page:**

https://tenncare.magellanhealth.com/static/docs/Preferred_Drug_List_and_Drug_Criteria/TennCare_PDL.pdf

- **TennCare Coverage Criteria page:**

https://tenncare.magellanhealth.com/static/docs/Preferred_Drug_List_and_Drug_Criteria/Criteria_PDL.pdf#nameddest=buprenorphine_naloxone

Generic Buprenorphine/Naloxone SL tablet added to formulary for contracted MAT providers

TennCare Preferred Drug List (PDL)

Effective December 1, 2018

PA – Prior Authorization required, subject to specific PA criteria; QL – Quantity Limit (PA & NP agents require a PA before dispensing); B – Budgetary Reduction edit for utilization control (Standard NP PA criteria does not apply); ID – Class PA for patients with Intellectual or Developmental Disability
Please note the following:

- **All agents must be prescribed by a provider with a Tennessee Medicaid Provider ID**
- **Approval of NP agents requires trial and failure, contraindication, or intolerance of 2 preferred agents, unless otherwise indicated**
- With the exception of the "Branded Drugs Classified as Generics" list, TennCare is a mandatory generic program in accordance with state law (TCA 53-10-205). Approval of a branded product when a generic is available requires documentation of a serious adverse reaction from the generic via a FDA MedWatch form *OR* contraindication to an inactive ingredient in the AB-rated generic equivalent. Therapeutic Failure of an AB-rated generic equivalent may be considered for approval of branded products in the following high-risk medication classes: Anticonvulsants, Atypical Antipsychotics, HIV antivirals, Immunosuppressants, and Oncology Agents.
- Unless otherwise noted, all agents listed on the PDL are referencing legend drugs which are prescription-required agents. Coverage of Over-the Counter (OTC) Products is listed at: https://tenncare.magellanhealth.com/static/docs/Program_Information/TennCare_Covered_OTC_Products.pdf

Preferred Drugs		Non-Preferred Drugs	
I. Analgesics			
<u>Agents for Opiate Detoxification</u>			
naltrexone ^{PA}		ReVia ^{PA}	
<u>Buprenorphine and Buprenorphine/Naloxone</u>			
<u>TennCare Medication Assisted Therapy (MAT) Providers Network only:</u>			
Bunavail ^{PA, QL}	buprenorphine/naloxone tablets ^{PA, QL}	buprenorphine ^{PA, QL}	Zubsolv ^{PA, QL}
		Suboxone ^{PA, QL} film	
<u>All other TennCare Providers:</u>			
Bunavail ^{PA, QL}		buprenorphine ^{PA, QL}	Suboxone ^{PA, QL} film
		buprenorphine/naloxone tablets ^{PA, QL}	Zubsolv ^{PA, QL}

Generic buprenorphine/naloxone SL tablets and Bunavail available for contracted MAT Providers

Updated Clinical Criteria for Buprenorphine (1/2)

Clinical Criteria, Step Therapy, and Quantity Limits for TennCare Preferred Drug List (PDL)

December 1, 2018

ANALGESICS				
Approval of NP agents requires trial and failure, contraindication or intolerance of 2 preferred agents, unless otherwise indicated.				
Medication	PDL	Prior Authorization Criteria	Qty. Limits	PA Form
Agents for Opiate Detoxification				
naltrexone	P	Will be approved for recipients who meet the following criteria: <ul style="list-style-type: none"> Physician must have reviewed the Controlled Substance Database for this patient within the past 30 days to ensure that concomitant narcotic use is not occurring. Diagnosed with opioid dependency; AND <ul style="list-style-type: none"> Documentation that patient is opioid free (negative urine drug screen or naltrexone challenge test within the last 10 days) 		General PA Form
ReVia*	NP	See naltrexone prior authorization criteria		
Buprenorphine and Buprenorphine/Naloxone				
TennCare Medication Assisted Therapy (MAT) Providers Network only:				
Bunavail*	P	Preferred buprenorphine/naloxone products will be approved for recipients who meet ALL of the following criteria: <ul style="list-style-type: none"> Diagnosis of opiate addiction Additional Information: <ul style="list-style-type: none"> Buprenorphine will not be approved for treatment of depression or pain. Buprenorphine will not be approved for recipients whose medication history indicates use of concomitant narcotics or benzodiazepines Quantity limit is as a single daily dose. Twice daily dosing may be approved as clinically necessary. Prior Authorizations will be assigned to the prescribing physician. Requests for buprenorphine from a different physician will require a new prior authorization request and documentation that the previous prescribing physician has communicated transfer of care. 	6.3/1mg: 1/day x 6 months* 4.2/0.7mg: 2/day x 6 months, then 1/day*; 2.1/0.3mg: 2/day	Buprenorphine Products PA Form
buprenorphine/naloxone tablets	P	See Bunavail® prior authorization criteria	8/2mg: 2/day x 6 months then 1/day*; 2/0.5mg: 3/day*	
buprenorphine	NP	See Bunavail* prior authorization criteria <ul style="list-style-type: none"> Additionally, must be unable to take buprenorphine/naloxone as indicated by ONE of the following: <ul style="list-style-type: none"> Patients who are actively pregnant (Note: Buprenorphine without naloxone will not be approved for patients who are breastfeeding) Patient is unable to take naloxone containing products due to a contraindication, drug to drug interaction, or history of toxic side effects that caused immediate or long-term damage (Note: Does not include GI intolerance) 	8mg: 2/day x 6 months then 1/day*; 2mg: 3/day*	

Updated Clinical Criteria for Buprenorphine (2/2)

ANALGESICS					
<i>Approval of NP agents requires trial and failure, contraindication or intolerance of 2 preferred agents, unless otherwise indicated.</i>					
Medication	PDL	Prior Authorization Criteria		Qty. Limits	PA Form
Buprenorphine and Buprenorphine/Naloxone (continued)					
<i>TennCare Medication Assisted Therapy (MAT) Providers Network only (continued):</i>					
Suboxone* film	NP	See Bunavail* prior authorization criteria <ul style="list-style-type: none"> Additionally, a documented allergy to inactive ingredient in preferred product that is not in requested product 		12/3mg: 1/day x 6 months* 8/2mg: 2/day x 6 months, then 1/day*; 4/1mg: 2/day 2/0.5mg: 3/day*	Buprenorphine Products PA Form
Zubsolv*	NP	See Bunavail* prior authorization criteria <ul style="list-style-type: none"> Additionally, a documented allergy to inactive ingredient in preferred product that is not in requested product 		11.4/2.9mg & 8.6/2.1mg: 1/day x 6 months*; 5.7/1.4 mg: 2/day x 6 months, then 1/day*; 2.9/0.71mg: 2/day; 1.4/0.36 mg: 3/day; 0.7/0.18 mg: 3/day*	
<i>All other TennCare Providers:</i>					
Bunavail*	P	Preferred buprenorphine/naloxone products will be approved for recipients who meet ALL of the following criteria: <ul style="list-style-type: none"> Diagnosis of opiate addiction Physician must have completed certification program (DEA begins with "X") Physician attests they have reviewed the Tennessee Controlled Substances Database for this patient on the date of the prior authorization request to ensure that concomitant narcotic or benzodiazepine use is not occurring. Additional Information: <ul style="list-style-type: none"> Buprenorphine will not be approved for treatment of depression or pain. Buprenorphine will not be approved for recipients whose medication history indicates use of concomitant narcotics or benzodiazepines Quantity limit is as a single daily dose. Twice daily dosing may be approved as clinically necessary. Physicians will be asked to provide an anticipated treatment plan for the patient (including anticipated dosing for induction and maintenance phases, anticipated frequency of office visits, and anticipated plan for psychosocial counseling). The "Here to Help" program as an exclusive provider of counseling will not be accepted. Prior Authorizations will be assigned to the prescribing physician. Requests for buprenorphine from a different physician will require a new prior authorization request and documentation that the previous prescribing physician has communicated transfer of care. 		6.3/1mg: 1/day x 6 months* 4.2/0.7mg: 2/day x 6 months, then 1/day*; 2.1/0.3mg: 2/day	Buprenorphine Products PA Form

Override: Induction

- TennCare will allow up to five (5) fills of buprenorphine/naloxone without subsequent fills counting toward the monthly RX limit. This is called a **Titration Dose for the purpose of pharmacy point-of-sale operations.**

- Pharmacies do this for other agents daily.
 - Instructions on how to accomplish the task is provided on monthly correspondence.
 - Only need to submit the Submission Clarification Code #6

GUIDE FOR TENNCARE PHARMACIES: OVERRIDE CODES

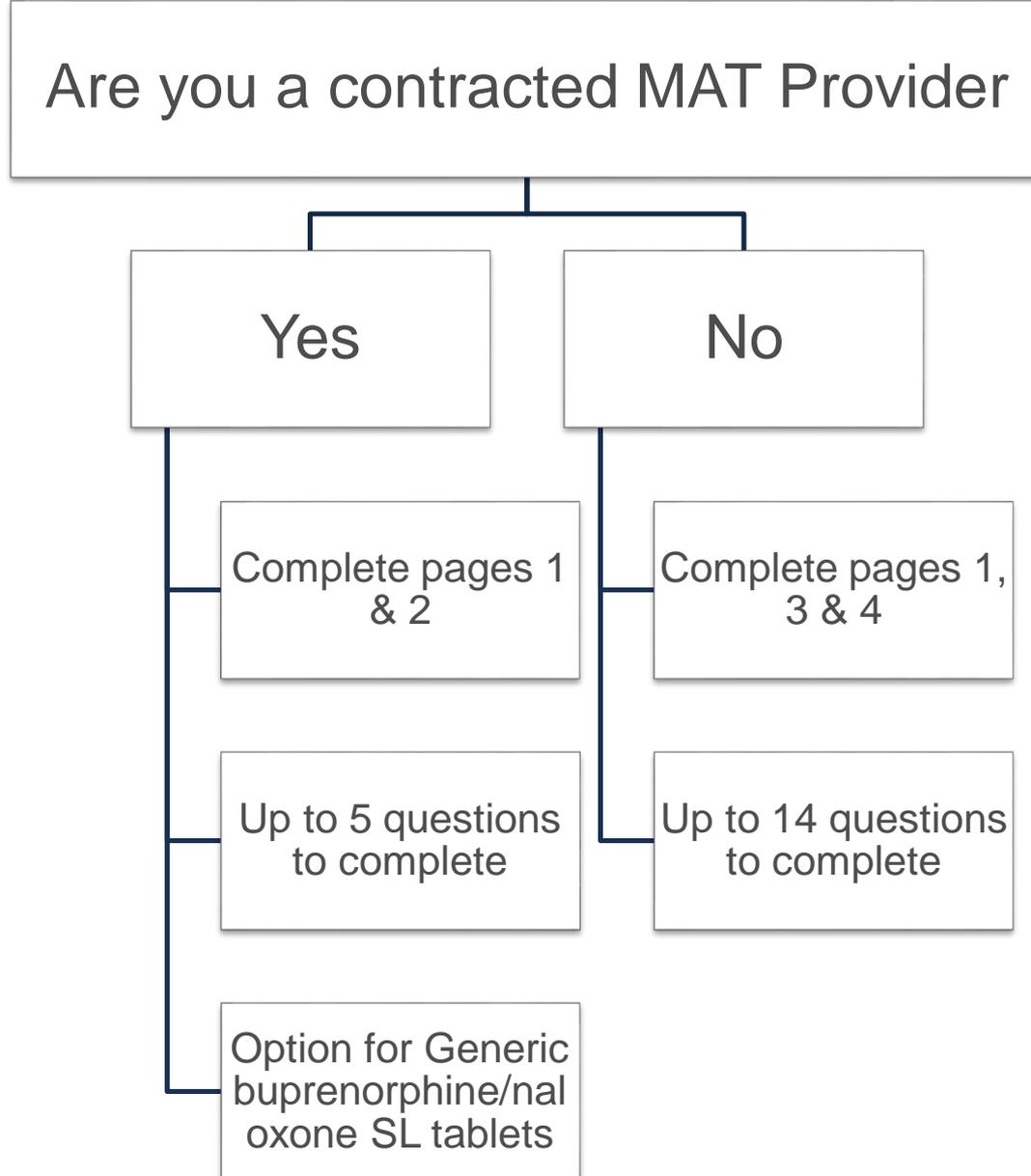
OVERRIDE TYPE	OVERRIDE NCPDP FIELD	CODE
Emergency 3-Day Supply of Non-PDL Product	Prior Authorization Type Code (D.0 461-EU)	8
Hospice Patient (Exempt from Co-pay)	Patient Residence (D.0 384-4X)	11
Pregnant Patient (Exempt from Co-pay)	Pregnancy Indicator (D.0 335-2C)	2
Titration Dose Override for the following select drugs/drug classes: oral oncology agents, anticonvulsants, warfarin, low molecular weight heparins, theophylline, Selective Serotonin Reuptake Inhibitors (SSRIs), Selective Norepinephrine Reuptake Inhibitors (SNRIs), atypical antipsychotics (except clozapine/Clozaril®), Hizentra®, Vivaglobin® - process second Rx for the same drug within 21 days of initial Rx with an override code to avoid the second Rx counting as another prescription against the limit.	Submission Clarification Code (D.0 420-DK)	2
Titration Dose Override for the following select drugs/drug classes: clozapine/Clozaril®, Suboxone®, Zubsolv® and buprenorphine- will allow up to five prescription fills to process for the same drug within a month of the initial prescription without the subsequent fills counting against the enrollee's monthly RX limit.	Submission Clarification Code (D.0 420-DK)	6



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Overview of Update Buprenorphine PA Form



Buprenorphine PA form on Magellan TennCare website

- **Link to PA Form:**

https://tenncare.magellanhealth.com/static/docs/Prior_Authorization_Forms/TennCare_Buprenorphine_Products.pdf



Prior Authorization Form
Buprenorphine Products: MAT Network or Non-MAT Network Providers

Access this PA form at: https://tenncare.magellanhealth.com/static/docs/Prior_Authorization_Forms/TennCare_Buprenorphine_Products.pdf

**PLEASE NOTE: ALL BUPRENORPHINE OR BUPRENORPHINE/NALOXONE REQUESTS MUST BE SUBMITTED VIA FAX or ePA.
If the following information is not complete, correct, or legible, the PA process can be delayed. Use one form per member please.
*NOTE: Prior authorizations for buprenorphine containing products must be renewed every 3 months.

Member Information																									
LAST NAME:	FIRST NAME:																								
ID NUMBER:	DATE OF BIRTH:																								
Prescriber Information																									
LAST NAME:	FIRST NAME:																								
NPI NUMBER:	X-DEA NUMBER (REQUIRED):																								
PHONE NUMBER:	FAX NUMBER:																								
<p>**To be a TennCare MAT Network provider or Buprenorphine Medication Assisted Treatment (BMAT) provider, the provider must have a separate MAT contract with the Managed Care Organizations (MCOs).**</p> <p>Are you contracted with at least one TennCare MCO as a MAT Network Provider or Buprenorphine Medication Assisted Treatment (BMAT) provider and attested to the MAT Program Description? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																									
<p>IF YES TO THE QUESTION ABOVE:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">TennCare MAT Network Provider-ONLY*</th> <th colspan="2" style="text-align: left;">All Other TennCare Prescribers</th> </tr> <tr> <th colspan="2" style="text-align: left;">Requested Buprenorphine Product</th> <th colspan="2" style="text-align: left;">Requested Buprenorphine Product</th> </tr> <tr> <th style="text-align: left;">Preferred</th> <th style="text-align: left;">Non-Preferred</th> <th style="text-align: left;">Preferred</th> <th style="text-align: left;">Non-Preferred</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Bunavall[®]</td> <td><input type="checkbox"/> Buprenorphine mono</td> <td><input type="checkbox"/> Bunavall[®]</td> <td><input type="checkbox"/> Buprenorphine mono</td> </tr> <tr> <td><input type="checkbox"/> Buprenorphine/naloxone SL Tablet</td> <td> Indication: <input type="checkbox"/> Pregnancy <input type="checkbox"/> Allergy to naloxone (documentation required) <input type="checkbox"/> OTHER, SPECIFY BELOW: </td> <td><input type="checkbox"/> Buprenorphine/naloxone SL Tablet</td> <td> Indication: <input type="checkbox"/> Pregnancy <input type="checkbox"/> Allergy to naloxone (documentation required) <input type="checkbox"/> OTHER, SPECIFY BELOW: </td> </tr> <tr> <td colspan="2" style="text-align: center;"><small>*Please complete question 5 on next page</small></td> <td colspan="2" style="text-align: center;"><small>*Please complete question 14</small></td> </tr> </tbody> </table>		TennCare MAT Network Provider-ONLY*		All Other TennCare Prescribers		Requested Buprenorphine Product		Requested Buprenorphine Product		Preferred	Non-Preferred	Preferred	Non-Preferred	<input type="checkbox"/> Bunavall [®]	<input type="checkbox"/> Buprenorphine mono	<input type="checkbox"/> Bunavall [®]	<input type="checkbox"/> Buprenorphine mono	<input type="checkbox"/> Buprenorphine/naloxone SL Tablet	Indication: <input type="checkbox"/> Pregnancy <input type="checkbox"/> Allergy to naloxone (documentation required) <input type="checkbox"/> OTHER, SPECIFY BELOW:	<input type="checkbox"/> Buprenorphine/naloxone SL Tablet	Indication: <input type="checkbox"/> Pregnancy <input type="checkbox"/> Allergy to naloxone (documentation required) <input type="checkbox"/> OTHER, SPECIFY BELOW:	<small>*Please complete question 5 on next page</small>		<small>*Please complete question 14</small>	
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<input type="checkbox"/> Bunavall [®]	<input type="checkbox"/> Buprenorphine mono	<input type="checkbox"/> Bunavall [®]	<input type="checkbox"/> Buprenorphine mono																						
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Updates to the Prior Authorization (PA) Form for Buprenorphine

Formally contracting as a MAT provider establishes a standard of care that significantly **streamlines** the PA requirements.

Page 1



Prior Authorization Form Buprenorphine Products

Access this PA form at https://tenncare.magellanhealth.com/static/docs/Prior_Authorization_Forms/TennCare_Buprenorphine_Products.pdf

****PLEASE NOTE: ALL BUPRENORPHINE OR BUPRENORPHINE/NALOXONE REQUESTS MUST BE SUBMITTED VIA FAX or ePA.**

If the following information is not complete, correct, or legible, the PA process can be delayed. Use one form per member please.

***NOTE: Prior authorizations for buprenorphine containing products must be renewed every 3 months.**

Member Information

LAST NAME:

FIRST NAME:

ID NUMBER:

DATE OF BIRTH:

 - -

Prescriber Information

LAST NAME:

FIRST NAME:

NPI NUMBER:

X-DEA NUMBER (REQUIRED):

X-

PHONE NUMBER:

 - -

FAX NUMBER:

 - -

- Can be submitted electronically
- X-DEA number required

Updates to the Prior Authorization (PA) Form for Buprenorphine

*****To be a TennCare MAT Network provider or Buprenorphine Medication Assisted Treatment (BMAT) provider, the provider must have a separate MAT contract with the Managed Care Organizations (MCOs).*****

Are you contracted with at least one TennCare MCO as a MAT Network Provider or Buprenorphine Medication Assisted Treatment (BMAT) provider **and** attested to the MAT Program Description?:

Yes No

IF <u>YES</u> TO THE QUESTION ABOVE:		IF <u>NO</u> TO THE QUESTION ABOVE:	
TennCare MAT Network Provider- ONLY*		All Other TennCare Prescribers	
Requested Buprenorphine Product		Requested Buprenorphine Product	
Preferred	Non-Preferred	Preferred	Non-Preferred
<input type="checkbox"/> Bunavail® <input type="checkbox"/> Buprenorphine/naloxone SL Tablet	<input type="checkbox"/> Buprenorphine mono Indication: <input type="checkbox"/> Pregnancy <input type="checkbox"/> Allergy to naloxone (documentation required) <input type="checkbox"/> Other: _____ <input type="checkbox"/> OTHER, SPECIFY : _____ <small>*Please complete question 5 on next page</small>	<input type="checkbox"/> Bunavail®	<input type="checkbox"/> Buprenorphine mono Indication: <input type="checkbox"/> Pregnancy <input type="checkbox"/> Allergy to naloxone (documentation required) <input type="checkbox"/> Other: _____ <input type="checkbox"/> OTHER, SPECIFY : _____ <small>*Please complete question 14</small>
1. Requested Strength: _____ 2. # of Units per Day: _____ 3. # of Units for Dose: _____ <input type="checkbox"/> QD <input type="checkbox"/> Other: _____ 4. Total # of Units Per Prescription: _____ 5. If dosing other than "Once Daily", please provide clinical rationale: _____		1. Requested Strength: _____ 2. # of Units per Day: _____ 3. # of Units for Dose: _____ <input type="checkbox"/> QD <input type="checkbox"/> Other: _____ 4. Total # of Units Per Prescription: _____ 5. If dosing other than "Once Daily", please provide clinical rationale: _____	
<p>NOTE: For induction therapy in adults, TennCare covers up to 8.4 mg of buprenorphine per day when product selected is Bunavail®, and up to 16 mg per day when product selected is Suboxone®, Subutex®, or generic equivalents for 6 months. During stabilization/maintenance phases, coverage is reduced to a max of 4.2 mg of buprenorphine per day for Bunavail®, and 8 mg per day for Suboxone®, Subutex®, or generic equivalent.</p>			
Based on the information above, will the recipient be using a larger daily dose/quantity than TennCare covers? <input type="checkbox"/> YES <input type="checkbox"/> NO			

- Contains options for contracted MAT providers & all other TennCare prescribers
- Contracted MAT providers must state that they attest to the program description

If a Contracted MAT Provider.....

*****To be a TennCare MAT Network provider or Buprenorphine Medication Assisted Treatment (BMAT) provider, the provider must have a separate MAT contract with the Managed Care Organizations (MCOs).*****

Page 1

Are you contracted with at least one TennCare MCO as a MAT Network Provider or Buprenorphine Medication Assisted Treatment (BMAT) provider **and** attested to the MAT Program Description?:

Yes No

IF YES TO THE QUESTION ABOVE:

TennCare MAT Network Provider- ONLY*

Requested Buprenorphine Product

Preferred	Non-Preferred
<input type="checkbox"/> Bunavail® <input type="checkbox"/> Buprenorphine/naloxone SL Tablet	<input type="checkbox"/> Buprenorphine mono Indication: <input type="checkbox"/> Pregnancy <input type="checkbox"/> Allergy to naloxone (documentation required) <input type="checkbox"/> Other: _____ <input type="checkbox"/> OTHER, SPECIFY: _____ <small>*Please complete question 5 on next page</small>

- Requested Strength: _____
- # of Units per Day: _____
- # of Units for Dose: _____ QD Other: _____
- Total # of Units Per Prescription: _____
- If dosing other than "Once Daily", please provide clinical rationale: _____

IF NO TO THE QUESTION ABOVE:

All Other TennCare Prescribers

Requested Buprenorphine Product

Preferred	Non-Preferred
<input type="checkbox"/> Bunavail®	<input type="checkbox"/> Buprenorphine mono Indication: <input type="checkbox"/> Pregnancy <input type="checkbox"/> Allergy to naloxone (documentation required) <input type="checkbox"/> Other: _____ <input type="checkbox"/> OTHER, SPECIFY: _____ <small>*Please complete question 14</small>

- Requested Strength: _____
- # of Units per Day: _____
- # of Units for Dose: _____ QD Other: _____
- Total # of Units Per Prescription: _____
- If dosing other than "Once Daily", please provide clinical rationale: _____

NOTE: For induction therapy in adults, TennCare covers up to 8.4 mg of buprenorphine per day when product selected is Bunavail®, and up to 16 mg per day when product selected is Suboxone®, Subutex®, or generic equivalents for 6 months. During stabilization/maintenance phases, coverage is reduced to a max of 4.2 mg of buprenorphine per day for Bunavail®, and 8 mg per day for Suboxone®, Subutex®, or generic equivalent.

Based on the information above, will the recipient be using a larger daily dose/quantity than TennCare covers? YES NO

- Complete left-hand box for product selection, dosage and strength
- Indicate if above dose/quantity limit

If a Contracted MAT Provider.....

IMPORTANT! If not a TennCare contracted MAT provider, please continue on the next page.

Page 2

TennCare MAT Network Provider- ONLY

1. Are you a contracted with at least one TennCare MCO as a MAT Network Provider or Buprenorphine Medication Assisted Treatment (BMAT) provider, attested to the MAT Program Description and have a valid TennCare ID?: Yes No- Please go to the next page

2. Diagnosis: Treatment of active opiate addiction/ OUD Other: _____

3. Was the most recent prior authorization approval for buprenorphine/naloxone or buprenorphine requested by a different prescriber if previous prior authorization was obtained through TennCare?
 Yes No Not applicable- patient has not received previously

IF YES, please answer 3a-3b:

3a. Prescriber Name: _____ Contact: _____

3b. Is this prescriber in your practice group? Yes No

- For all Contracted MAT Providers to Complete:**
- Attest to program description
 - Diagnosis
 - Indication if previous PA approval was from a different X-DEA

4. **IF REQUESTING ABOVE THE QUANTITY LIMIT** for buprenorphine containing products, complete questions 4a-4c.

4a. Is the recipient being treated for an initial induction/stabilization phase? Yes No

4b. Is the recipient being actively treated for opioid addiction and has concomitant need for non-recurring short-term pain management? Yes No

IF YES, MUST list diagnosis requiring non-recurring short-term pain management: _____

4c. Is the recipient pregnant, or has she been pregnant while receiving buprenorphine during the last 6 months? Yes No

IF YES, pregnancy due date: _____

5. **If requesting a non-preferred agent**, please submit documentation of allergy to inactive ingredient in preferred product that is not in the requested product and any other information pertinent to this PA request:

ONLY for Contracted MAT Providers requesting above the quantity limit or requesting a non-preferred agent

_____ _____

Prescriber Signature (Required) **Date**

(By signature, the Physician attested to the MAT Program Description and requirements (e.g. check CSMD, provide care coordination, ensure access to counseling services)

For all Contracted MAT Providers to sign & complete 23

NOT a Contracted MAT Provider (All other TennCare Prescribers).....

*****To be a TennCare MAT Network provider or Buprenorphine Medication Assisted Treatment (BMAT) provider, the provider must have a separate MAT contract with the Managed Care Organizations (MCOs).*****

Are you contracted with at least one TennCare MCO as a MAT Network Provider or Buprenorphine Medication Assisted Treatment (BMAT) provider **and** attested to the MAT Program Description?:

Yes No

IF YES TO THE QUESTION ABOVE:

TennCare MAT Network Provider- ONLY*	
Requested Buprenorphine Product	
Preferred	Non-Preferred
<input type="checkbox"/> Bunavail®	<input type="checkbox"/> Buprenorphine mono
<input type="checkbox"/> Buprenorphine/naloxone SL Tablet	<u>Indication:</u> <input type="checkbox"/> Pregnancy <input type="checkbox"/> Allergy to naloxone (documentation required) <input type="checkbox"/> Other: _____ <input type="checkbox"/> OTHER, SPECIFY: _____ <small>*Please complete question 5 on next page</small>
1. Requested Strength: _____ 2. # of Units per Day: _____ 3. # of Units for Dose: _____ <input type="checkbox"/> QD <input type="checkbox"/> Other: _____ 4. Total # of Units Per Prescription: _____ 5. If dosing other than "Once Daily", please provide clinical rationale: _____	

IF NO TO THE QUESTION ABOVE:

All Other TennCare Prescribers	
Requested Buprenorphine Product	
Preferred	Non-Preferred
<input type="checkbox"/> Bunavail®	<input type="checkbox"/> Buprenorphine mono
	<u>Indication:</u> <input type="checkbox"/> Pregnancy <input type="checkbox"/> Allergy to naloxone (documentation required) <input type="checkbox"/> Other: _____ <input type="checkbox"/> OTHER, SPECIFY: _____ <small>*Please complete question 14</small>
1. Requested Strength: _____ 2. # of Units per Day: _____ 3. # of Units for Dose: _____ <input type="checkbox"/> QD <input type="checkbox"/> Other: _____ 4. Total # of Units Per Prescription: _____ 5. If dosing other than "Once Daily", please provide clinical rationale: _____	

NOTE: For induction therapy in adults, TennCare covers up to 8.4 mg of buprenorphine per day when product selected is Bunavail®, and up to 16 mg per day when product selected is Suboxone®, Subutex®, or generic equivalents for 6 months. During stabilization/maintenance phases, coverage is reduced to a max of 4.2 mg of buprenorphine per day for Bunavail®, and 8 mg per day for Suboxone®, Subutex®, or generic equivalent.

Based on the information above, will the recipient be using a larger daily dose/quantity than TennCare covers? YES NO

- Complete right-hand box for product selection, dosage and strength
- Bunavail is the only preferred product
- Indicate if above dose/quantity limit

NOT a Contracted MAT Provider (All other TennCare Prescribers).....

For all OTHER / NON-MAT contracted TennCare Prescribers to Complete*:

- Medicaid ID
- Diagnosis
- X-DEA number present for prescriber
- Check of CSMD
- Phase of treatment
- Concomitant opioid use
- Concomitant benzodiazepine use

*Many of these requirements are also present for contracted MAT providers (e.g. CSMD, concomitant opioid use). The contracted MAT providers acknowledge these requirements by formally attesting to the MAT program description.

All Other TennCare Prescribers

1. Is the prescriber a TennCare provider with a Medicaid ID? Yes No

2. Is the prescriber a single-patient contract holder for this patient? Yes No

3. Diagnosis: Treatment of active opiate addiction Other: _____

4. Is this prescription written under the "X" DEA Number such that this patient counts towards the patient limits established for individual physicians by the DATA 2000 waiver? Yes No

5. Controlled Substance Monitoring Database (PDMP) check is required on date of request. Do you attest that you comprehensively reviewed the last six (6) months in the PDMP for this patient on the date of the PA request? Yes No

6. **IF RECIPIENT IS BEGINNING BUPRENORPHINE MEDICATION ASSISTED THERAPY** (If continuing therapy, skip to #7)
 Projected Treatment Plan (MUST complete entire section, and then skip to question #10):

a) Anticipated Induction/Stabilization dose (Target < 16mg/day): _____ mg Start Date: _____

b) Anticipated Maintenance dose (Target < 8mg/day): _____ mg Start Date: _____

c) Expected frequency of office visits: _____ Start Date: _____

d) Expected frequency of counseling/psychosocial therapy visits: _____ Start Date: _____

e) Name of Practitioner who will be providing counseling: _____

IF PATIENT HAS RECEIVED any BUPRENORPHINE PRODUCT IN THE LAST SIX MONTHS, complete questions 7-10.

7. Has the recipient had any concomitant opioid usage since last prior authorization approval for buprenorphine/naloxone or buprenorphine, or in previous 3 months? Yes No

7a. IF YES to question 7, prescriber attests that concurrent opioids have been discontinued, retrieved or destroyed. Yes No

8. Has the recipient had any concomitant benzodiazepine usage since last prior authorization approval for buprenorphine/naloxone or buprenorphine, or in previous 3 months? Yes No

8a. IF YES to question 8, prescriber attests that concurrent benzodiazepines have been discontinued, retrieved or destroyed. Yes No

NOT a Contracted MAT Provider (All other TennCare Prescribers).....

For all OTHER / NON-MAT contracted TennCare Prescribers to Complete:

- Counseling visits
- Indication if previous PA approval was from a different X-DEA
- Requesting above the quantity limit or non-preferred agent
- Prescriber Signature

8b. If no to question 8a, please write the plan for tapering the patient off of benzodiazepines: _____

9. Has the recipient demonstrated compliance with counseling visits since last prior authorization approval for buprenorphine/naloxone or buprenorphine, or in previous 3 months? Yes No

10. Was the most recent prior authorization approval for buprenorphine/naloxone or buprenorphine requested by a different prescriber? Yes No

IF YES, please answer 10a-10c:

10a. Prescriber Name: _____
 Contact: _____

10b. Is this prescriber in your practice group? Yes No (If yes, skip to next question. If no, go to question 10c)

10c. Have you contacted this prescriber and successfully transitioned care to your practice? Yes No

IF REQUESTING ABOVE THE QUANTITY LIMIT for buprenorphine containing products, complete questions 11-13 (Otherwise, skip to Question 14).

11. Is the recipient being treated for an initial induction/stabilization phase? Yes No

12. Is the recipient being actively treated for opioid addiction and has concomitant need for non-recurring short-term pain management? Yes No

12a. **IF YES, MUST list diagnosis requiring non-recurring short-term pain management:** _____

13. Is the recipient pregnant, or has she been pregnant while receiving buprenorphine during the last 6 months? Yes No

13a. **IF YES, pregnancy due date:** _____

14. **If requesting a non-preferred agent**, please submit documentation of allergy to inactive ingredient in preferred product that is not in the requested product and any other information pertinent to this PA request:

Prescriber Signature (Required) Date

(By signature, the Physician confirms the above information is accurate and verifiable by patient records.)

Special Circumstances to Consider when Requesting Prior Authorization

- **Splitting a Dose within Max Daily Limits:** Under certain conditions, a provider can split the daily dosage. For example, a provider may elect to prescribe twice daily dosing for a short period if patient is actively withdrawing.
- **Buprenorphine Mono-product:** A provider can prescribe buprenorphine mono-product if the patient is pregnant, transitioning to Bunavail, transitioning off of Methadone or has a severe allergy to naloxone.
- **Recent Acute Procedure:** An exception can be made for short-term, non-reoccurring opioid Rx for pain due to surgery or a procedure.

These clinical scenarios must be clearly labeled and explained on the Prior Authorization Form

PA Submission Process & Contact Information

Electronic PA Submission

1. Complete PA form on CoverMyMeds
2. Outcome of PA will be available within 24 hours via fax
3. Provider may call MagellanRx to determine outcome

Faxed PA Submission

1. Complete paper PA form
2. Fax PA form to number on form: 866-434-5523
3. Outcome of PA will be available within 24 hours via fax
4. Provider may call MagellanRx to determine outcome

Magellan Health Services Clinical Call Center (Prior Authorizations):

Phone: 866-434-5524

Fax: 866-434-5523

Overview of Update Buprenorphine PA Form

Are you a contracted MAT Provider

Yes

No

Complete pages 1
& 2

Complete pages 1,
3 & 4

Up to 5 questions
to complete

Up to 14 questions
to complete

Option for Generic
buprenorphine/nal
oxone SL tablets

Agenda

1. Introduction & Overview
2. Formulary Changes for Contracted MAT Providers
3. Updated Buprenorphine Prior Authorization (PA) Process for Contracted MAT Providers
4. MCO supports in the provider contracting process, MAT Billing codes & Tips
5. Programmatic Updates

Phases of MAT Treatment

Induction Phase

- Medically monitored startup of buprenorphine treatment
- Performed in a qualified physician's office or certified OTP using approved buprenorphine products
- Administered when person has abstained from using opioids for 12 to 24 hours

Stabilization Phase

- Begins after a patient has discontinued or greatly reduced their misuse of the problem drug, no longer has cravings, and experiences few, if any, side effects.
- The buprenorphine dose may need to be adjusted during this phase.

Maintenance Phase

- Occurs when a patient is doing well on a steady dose of buprenorphine
- Length of time for this phase is tailored to each patient and could be indefinite

Amerigroup

Speaker: Phillip Morrison

Manager, Provider Relations Behavioral Health

Contact Information:

Phillip.Morrison@amerigroup.com

Provider Billing



MAT Billing Tips – Induction Phase

Suboxone (Buprenorphine):

- H2010U1 – Comprehensive Medication services, (Initial visit)
- H2010 – Comprehensive Medication services, (Subsequent visit)
- No prior authorization required

Naltrexone:

- 99201 – 99205 Initial visit Codes
- 99211 – 99215 Subsequent visit Codes
- No prior authorization required

Additional Opioid Use Disorder (OUD) services, (i.e. counseling, labs etc.) are billed separately utilizing appropriate HCPCS coding.

Provider Billing



MAT Billing Tips – Stabilization/Maintenance Phase

Suboxone (Buprenorphine):

- H2010 – Comprehensive Medication services, (Subsequent visit)
- No prior authorization required

Naltrexone:

- 99201 – 99205 Initial visit Codes
- 99211 – 99215 Subsequent visit Codes
- No prior authorization required

Additional Opioid Use Disorder (OUD) services, (i.e. counseling, labs etc.) are billed separately utilizing appropriate HCPCS coding.

Provider Portal



<https://providers.amerigroup.com/pages/tn-2012.aspx>

News & Announcements

Medicaid:

- [Medicare Advantage – Prior authorization requirements for Part B drugs: Nivestym](#)
- [Provider claim payment dispute update](#)

Medicare:

- [Medicare Advantage – Electronic Claim Payment Reconsideration](#)
- [Medicare Advantage – Prior authorization](#)

Provider Survey

Please help us improve our provider website by taking this brief survey

[Take Survey](#)

Provider Resources & Documents

- [Behavioral Health](#)
- [CHOICES: Long-Term Supports & Services for Older Adults and Adults with Physical Disabilities](#)
- [Claims Submission and Reimbursement Policy](#)
- [Clinical Practice Guidelines](#)
- [Employment and Community First CHOICES: Long-Term Services and Support for](#)

Do more online through Provider Self-Service!

- File and check the status of medical claims
- NEW — Submit Claims Payment Disputes electronically via Availity
- Verify eligibility
- Request precertification via the Interactive Care Reviewer (ICR)
- Conduct an inquiry on the status of any precertification request via ICR
- For more information on ICR such as features, support or training go to [ICR-Help](#)
- Submit a Pharmacy Prior Authorization Request (if applicable)

Services List:

- [CHOICES: Long-Term Supports & Services for Older Adults and Adults with Physical Disabilities](#)
- [Claims Submission and Reimbursement Policy](#)
- [Clinical Practice Guidelines](#)
- [Employment and Community First CHOICES: Long-Term Services and Support for Individuals with Intellectual and Developmental Disabilities](#)
- [Enhanced Personal Health Care Program](#)
- [Forms](#)
- [ICD-10](#)
- [Manuals & QRCS](#)
- [Maternal Child Program](#)
- [Medical Management Model](#)
- [Newsletters - Archived](#)
- [Newsletters - Current](#)
- [Pharmacy](#)
- [Population Health](#)
- [Quality Management](#)
- [Quick Tools](#)
- [Referral Directories](#)
- [State Communications](#)
- [TennCare Episodes of Care](#)
- [TennCare Kids](#)
- [Training Programs](#)
- [Tutorials](#)
- [Vendor/Partner Links & Information](#)

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[Begin Application Process](#)

Accreditation Logos:

- ACCREDITED NCOA HEALTH PLAN
- DISTINCTION NCOA MULTICULTURAL HEALTH CARE
- AUDITED NCOA RISK COMPLIANCE AUDIT 2017
- DISTINCTION NCOA LONG-TERM SERVICES & SUPPORTS

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An Anthem Company

Provider Contacts



Internal Provider Relations: 615-232-2160

West TN: Candice Hunter
(615) 913-7318

Middle TN: LaWanda Mayes
(615) 481-3682

East TN: Laura Lovely-Mullins
(865) 318-5418

United Healthcare

Speaker:

Melinda Nelson, Vice President, Clinical Implementation

Contact Information:

Melinda_J_Nelson@uhc.com

615-493-8977

Provider Customer Service (800) 690-1606

Becoming a MAT Care Provider

- Contracted Care Providers: If you are contracted with UnitedHealthcare, we would amend your existing contract to include MAT services, as long as you meet the prescribing requirements and we receive a signed attestation which requires your XDEA certification number to be provided for buprenorphine.
- Non-Contracted Care Providers: If you are not a contracted care provider, you would need to successfully complete UnitedHealthcare's credentialing process for your practicing specialty and satisfy the above outlined requirements. In addition, new care providers seeking to provide MAT services would need to successfully complete an environmental site visit.
- Care Providers Who Don't Offer Counseling Services: If you have your waiver but do not offer counseling services within your practice, you can still participate as a MAT care provider in our network, as long as you have a relationship with a behavioral health counseling provider and are referring your patient out for counseling services.

MAT Coding & Billing

- To bill for MAT prescriptions and services, you'd submit a claim just as you do today. All claim policies and procedures apply, as do all UnitedHealthcare clinical and payment reimbursement policies. The only difference is that you must use the MAT-specific codes referenced later in this presentation.
- **Billing Frequency:**
 - The case rate is an established monthly rate for use with facility care providers.
 - The fee-for-service codes can be used by any care provider and are billable 1x per day for the date the service was rendered.
- **Same Day Billing:** Physician-coordinated care oversight and therapy are considered independent services and can be billed if performed on the same date of service.
- **Prior Authorization Requirements:** MAT services don't require prior authorization; however, compliance with the program description will be reviewed and measured using claims information.
- **Requirements for Behavioral Health Clinicians:** Physicians, Ph.D. level and master's level clinicians can provide and bill MAT therapy services

MAT Billing Codes

Prescriber	Phase	Code	Modifier 1	Modifier 2
Prescription with coordinated care physician oversight	Induction	H0014	HG	
Prescription with coordinated care physician oversight	Stabilization/Maintenance	H0033	HG	
Prescription with coordinated care physician oversight - with therapy	Induction	H0016	HG	U1
	Stabilization	H0016	HG	U2
	Maintenance	H0016	HG	U3
Therapist (BH Providers only)				
Individual Psychotherapy, 30 minutes		90832	HG	
Individual Psychotherapy, 45 minutes		90834	HG	
Individual Psychotherapy, 60 minutes		90837	HG	
Family Psychotherapy, without patient present		90846	HG	
Family/Couple Psychotherapy		90847	HG	
Multiple-family Group Psychotherapy		90849	HG	
Group Psychotherapy		90853	HG	
Drug Screen				
Drug Screen with brief intervention (SBI) services; 15 to 30 minutes		99408	HG	
Drug Screen with brief intervention (SBI) services; > 30 minutes		99409	HG	
Drug Screen only		H0049	HG	
Case Rate				
Alcohol and/or other drug abuse services, all-inclusive case rate	Induction	H0047	HG	U1
	Stabalization	H0047	HG	U2
	Maintenance	H0047	HG	U3



Speaker: Melissa Isbell

Manager, Behavioral Health Network Strategy and Innovation

Contact Information:

Email at MAT_Referral_CM_UM@bcbst.com and copy melissa_isbell@bcbst.com

BlueCare BMAT Network Update

- Access and Availability Milestones have been met to date
- Currently focused on target geographic areas to ensure 1/1/19 standards are met
- Contracting activity is prescriber-focused – in-network prescribers with amendable contracts and OON prescribers in rural areas get higher priority but we have moved to capacity-building phase in some areas

BlueCare Billing Tips

- The code set for BMAT is the same for in-network medical and behavioral specialty prescribers.
- HCPCS Codes H0014, H0016 and H0033 should be filed in a CMS 1500 format. You can find additional information on field requirements for filing these types of claims in the Provider Administration Manual, located at https://www.bcbst.com/providers/manuals/BCT_PAM.pdf.
- Please be sure to include the modifier HG on the claim with the appropriate HCPCS code.
- When using H0033, counseling/therapy is billed according to the rendering practitioner's contract fee schedule.
- Professional claims need a taxonomy code to be submitted for the billing and rendering NPIs. It's extremely important that both the billing and rendering provider taxonomy codes match the taxonomy codes on file for BlueCross BlueShield of Tennessee. If you don't submit the appropriate taxonomy codes for BlueCare Tennessee, TennCare *Select* and CoverKids, your claims may be denied or the reimbursement reduced.

If you have any problems filing claims for BMAT services, please contact your regional provider relations consultant/network manager.

BlueCare Regional Provider Network Contact Info

BH Provider Relations Team

East Knox Region

Brenda Simmons, Network Manager
(865)588-4631
Brenda_Simmons@bcbst.com

Middle Region

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Bob Deatherage, Manager, Provider Relations
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Summary of MAT Codes by MCO

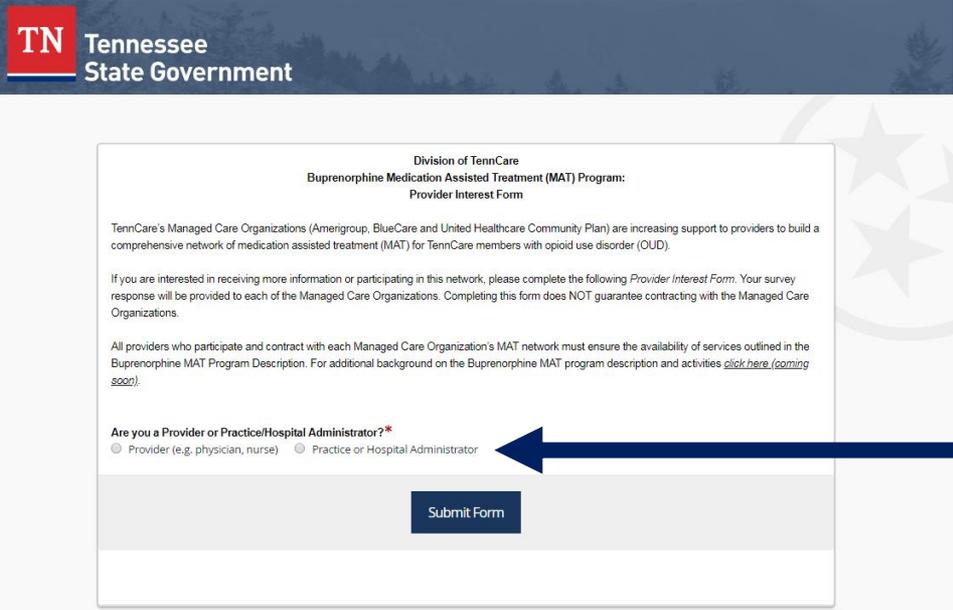
MCO	Code Group	Code Description	HCPCS Code	Modifier 1	Modifier 2
BCBST	Induction/Stabilization phase	Induction/ Stabilization Phase, Alcohol and/or drug service; ambulatory detoxification – Buprenorphine induction (approximately 60 minutes)	H0014	HG	
BCBST	Maintenance phase	Maintenance Phase, Buprenorphine service in ambulatory setting-includes therapy required by BMAT program description and being provided by mental health professional practicing within scope of licensure.	H0016	HG	
BCBST	Maintenance phase	Maintenance Phase, Oral medication administration, direct observation (ongoing Buprenorphine services, following induction phase)	H0033	HG	
Amerigroup	Stabilization/Maintenance phase	Stabilization/Maintenance phase	H2010		
Amerigroup	Induction phase	Induction phase	H2010		U1
UHC	Induction phase	Induction Phase, Prescription with coordinated care physician oversight	H0014	HG	
UHC	Stabilization/Maintenance phase	Stabilization/Maintenance, Prescription with coordinated care physician oversight	H0033	HG	
UHC	Induction phase	Induction Phase, Prescription with physician coordinated care oversight - with therapy	H0016	HG	U1
UHC	Stabilization Phase	Stabilization Phase, Prescription with physician coordinated care oversight - with therapy	H0016	HG	U2
UHC	Maintenance phase	Maintenance Phase, Prescription with physician coordinated care oversight - with therapy	H0016	HG	U3
UHC	Induction phase	Induction Phase, All-inclusive MAT facility case rate for FQHC/RHC	H0047		U1
UHC	Stabilization/Maintenance phase	Stabilization Phase, All-inclusive MAT facility case rate for FQHC/RHC	H0047		U2
UHC	Maintenance phase	Maintenance Phase, All-inclusive MAT facility case rate for FQHC/RHC	H0047		U3

Complete Provider Interest Form

If you are interested in receiving more information or participating in this network, please click the link below to complete the *Provider Interest Form*.

**Completing this form does NOT guarantee contracting with the Managed Care Organizations.*

Direct link to Provider Interest Form: <https://stateoftennessee.formstack.com/forms/bmatp>



Note: Please select if you are a “Provider” or “Practice/Hospital Administrator” filling out the form to open the appropriate questions.

Survey will take less than 5 minutes to complete



The Provider Interest Form is located on the TennCare Opioid Strategy webpage: <https://www.tn.gov/tenncare/tenncare-s-opioid-strategy.html>

Registering for a Medicaid ID Number

Obtain Medicaid Identification Number from TennCare by visiting:
<https://www.tn.gov/tenncare/providers/provider-registration.html>

Regardless if you are a new provider to TennCare / Medicaid or an existing TennCare / Medicaid provider, you will need to register your information through one of the links below if you have not already done so.

Individual Provider Registration

- ❖ Individual providers only need to register once to be added to the TennCare CAQH roster.
- ❖ Once registered all other updates should be maintained in CAQH.

❖ Link to Registration:

<https://pdms.tenncare.tn.gov/ProviderPersonRegistration/Process/Register.aspx>

Group Provider Registration

- ❖ Single and multi-specialty groups will register and update their data and members from the web portal.

❖ Link to Registration:

<https://pdms.tenncare.tn.gov/Account/Register.aspx>

Agenda

1. Introduction & Overview
2. Formulary Changes for Contracted MAT Providers
3. Updated Buprenorphine Prior Authorization (PA) Process for Contracted MAT Providers
4. MCO supports in the provider contracting process, MAT Billing codes & Tips
5. Programmatic Updates

Changes to Urine Drug Screen Limit

The new annual limits for urine drug screens (codes 80305 and 80306) will increase from a limit of 12 per member per calendar year to **24 per member per calendar year**.

Effective date:
January 1, 2019



MEMO

TO: TennCare Managed Care Organizations
FROM: Keith Gaither *KMG*
DATE: November 1, 2018
SUBJECT: Urine Drug Screen Limits – Change Effective January 1, 2019

Effective January 1, 2019, the limits for the Urine Drug Screens represented by codes 80305 and 80306 will be changed from a limit of 12 per member per calendar year to 24 per member per calendar year. Please see the revised attachment that will be included in the next Budget Memo.

Changes to Urine Drug Screen Limit

Codes	Code Descriptions	Policy	Comments
<p>80305</p> <p>or</p>	<p>Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service.</p>	<p>Limit of 24 per member, per calendar year</p> <p>(Any combination of 80305 and 80306 combined limited to a total of 24)</p>	<p>Adhere to Medicare Guidelines for billing Urine Drug Screens.</p> <p>Crosswalk</p> <p>80305 to G0477, 80306 to G0478, 80307 to G0479</p>
<p>80306</p>	<p>Drug tests, presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) read by instrument -assisted direct optical observation (e.g., dipsticks, cups, cards, cartridges), includes sample validation's when performed, per date of service.</p>		<p>80305 or 80306 (any combination) = limited to 24 units total per member, per calendar year</p>
<p>80307</p>	<p>Drug tests, presumptive, any number of drug classes; any number of devices or procedures by instrumental chemistry analyzers (e.g., immunoassay, enzyme assay, TOF, MA LDI, LDTD, DES I, DART, GHPC, GC mass spectrometry), includes sample validation when performed, per date of service.</p>	<p>Limit of 4 per member, per calendar year</p> <p>Limits do not apply in the emergency department (Note: this includes urine drug screens that are sent to an independent lab on the same date of service for the same enrollee on the same day of an emergency department visit.)</p>	<p>80307 = limited to 4 units per member in addition to the 24 for 80305/80306 (G0477/G0478) and may be billed on the same date of service</p> <p>271U will report number of urine drug screens paid and apply encounter edits if exceeded</p>

MCO & State Supports for Contracted MAT Providers

MAT Contracted Providers

Years 1 & 2	Years 3+
<ul style="list-style-type: none"> MCO in-person check-in to review billing or processing questions, provide education, discuss quality metric reports 	<ul style="list-style-type: none"> Combined check-in & program description assessment meeting
<ul style="list-style-type: none"> MCOs will assess if program description is being met and help identify ways to close gaps in care 	<ul style="list-style-type: none"> Virtual education session
<ul style="list-style-type: none"> Virtual education session 	<ul style="list-style-type: none"> Quality metric reports
<ul style="list-style-type: none"> Quality metric reports 	<ul style="list-style-type: none"> Dedicated support from MCO as needed by provider
<ul style="list-style-type: none"> Dedicated support from MCO as needed by provider 	

MAT Quality Metrics: Status Update

Snapshot of the MAT Quality Metrics:

- ❖ NPI-level for all contracted MAT providers
- ❖ Reports will be distributed quarterly
- ❖ First report is aimed to be released by MCOs in June 2019

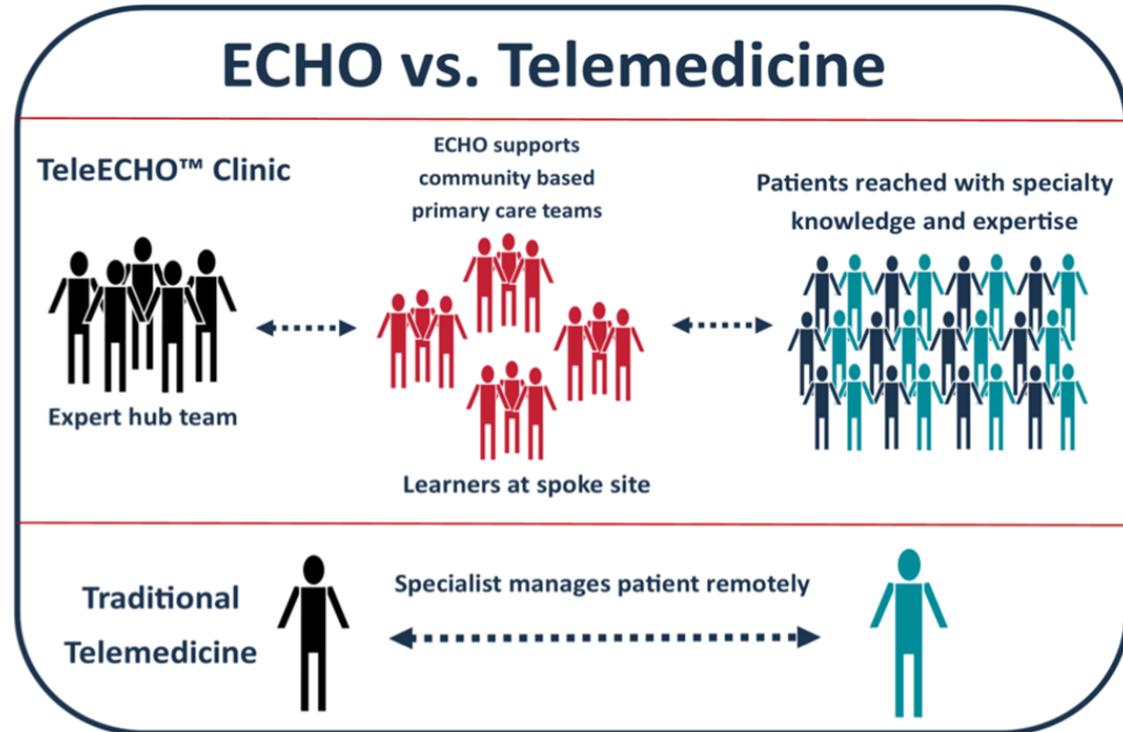
More information to come

Five Metric Domains

- 1 Days of Continuous MAT
- 2 Relapse Rate
- 3 Concomitant Benzodiazepine or Opioid Use
- 4 Urine Drug Screen frequency rate
- 5 Behavioral Health Visit rate

Project ECHO®: Building Capacity in Primary Care

- Collaborative MCO initiative to establish holistic “best care” model for SUD treatment
- Model includes medication assisted treatment, behavioral health and peer supports
- Deploy Project ECHO training to MAT providers in TN
- Evaluate outcomes at system and practice team levels
- Expand the model and the training



TN Together Success Stories

The State of Tennessee wants to know what you're doing to help end the opioid crisis. If you have implemented a best practice, we want to showcase your work. Our goal is to use these as case studies to encourage and inspire other communities to act.

<https://tntogether.org/success-stories>

The screenshot shows the homepage of the TN Together Success Stories website. At the top, there is a blue header with the text "TN TOGETHER ENDING THE OPIOID CRISIS" and a navigation menu with links for ABOUT, ACTIVITIES, SUCCESS STORIES, JOIN, MEDIA, HELP, and RESOURCES. Below the header, there is a section titled "SUCCESS STORIES" with the subtitle "SEE WHAT'S HAPPENING IN YOUR COMMUNITY." and a "Post Success Story!" button. A map of Tennessee is displayed, showing various locations marked with colored dots. Below the map, there are four featured success stories, each with a thumbnail image, a date, and a brief description:

- Nov 21, 2018**: Success Story #337 - Host an Addiction Seminar or Community Focused Opioid Summit. Cumberland Heights along with Power of Putnam and...
- Nov 12, 2018**: 2018-11-13 10-47-Contact the Lifeline Peer Project. I am so blessed to be a part of the Lifeline Peer...
- Nov 12, 2018**: 2018-11-13 10-48-Host a Candlelight Vigil. Smith County Drug Prevention Coalition hosted the...
- Nov 12, 2018**: 2018-11-13 10-48-Receive Naloxone Training. The Smith County Drug Prevention Coalition...

The screenshot shows the "SUBMIT SUCCESS STORY" form. The form is titled "SUBMIT SUCCESS STORY" and includes the following sections:

- Introduction:** "We want to know what you're doing in your activity! If you have implemented one of the best practices on this website, please showcase your work! We will use these as case studies to encourage and inspire other communities to act."
- Share Your Story:** A large text area for entering the success story.
- Attach an Image:** A section for adding images, including a "Choose File" button and an "Upload" button.
- Resources:** A section for adding external documentation, websites, links to social media, etc., with a "Show row weights" link and an "Add another item" button.
- County Box:** A dropdown menu for selecting the county.
- ZIP Code:** A text input field for the ZIP code.
- Postal code:** A text input field for the postal code.
- Your Information:** A section for providing contact information, including an "Email" field and checkboxes for "Update Me When My Story Has Been Posted" and "Users may contact me about this activity".
- Privacy Notice:** A statement: "Your information is private and will not be shared with other users."

Questions?

Webinar Guidelines:

- ❖ Please type all questions into the chat box on the webinar.
- ❖ Ensure you identify your name and affiliation when asking a question through the chat function.



**THANK YOU FOR
YOUR PARTICIPATION**